PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number Detidate Application of Docket Number Detidate Deti													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA (Cotumn 1) (Cotumn 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS			1 ^U				RATE		FEE	1	RATE	FEE	
FOR			NUMBER	FILED	NUME	BAS	C FE	355.00	OB	BASIC FEE			
TOTAL CHARGEABLE CLAIMS			Ju mi	nus 20=	•	×	X\$ 9-		OR	X\$18=			
INDEPENDENT CLAIMS			/ m	inus 3 o	•	•			X40=		XBO=		
MOU	LTIPLE DEPEN	DENT CLAIM P	RESENT				1 1125		 -	OR			
• H	the difference	in column 1 is	less than 2	ss than zero, enter "0" in column 2				+135=		OR	+270=		
							. 10	TAL	<u></u>	OR	TOTAL	710	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SN	ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 15	Miraus		20	•	X	9=		OR	X\$18=]	
AME	Independent	· 3	Minus	<u> </u>	3	•	×	10=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			35=			+270=		
								OIAL		OR	YOYAL		
2	28.05 (Column 1) (Column 2) (Column 3)							ADDIT, FEEOR ADDIT, FEE					
		CLAIMS		NG	EST	51			ADDI-	1		ADDI-	
MENDMENT 8		REMAINING AFTER AMENOMENT		PREVA	Ber Ously For	PRESENT EXTRA	R	TE	TIONAL FEE		RATE	TIONAL FEE	
¥0Z	Total	.16	Minus	-6	20	. —	X	9=		OR	X\$18=		
AFE	Independent	NTATION OF M	Minus	PENDENT	S CLAIM	<u> </u>	X4	iO==		OR	X86=	200,0	
							+13	35=		OR	+270=	—	
11	NA		•••					OTAL . FEE		OR	YOYAL ADOIT, FEE	300 C	
7	"ID												
MC		CLAUMS REMAINING AFTER AMENDMENT		PREVI	BEA .	PRESENT EXTRA	R/A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.19	Minus		リ		XS	9= .	1 6 6	OR	X\$18 _P		
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4	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM					OR	J 4 4 4 1	, www. 1	
* If the active in each own 1 is less than the arrive in each own 2 matrix 400 in each own 2								15a		OR	+270≈		
"If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the Piliphest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." "If the Piliphest Number Previously Paid For' IN THIS SPACE is less than 3, enter "20." ADDIT. FEE OR ADDIT. FEE													
	The Highest Nur	sher Previously Pa	id For (Total o	or Independ	ent) is thi	highest number	tound in	gae ab	propriate box	t in cal	unus 1.		